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Image# 201602189008488514

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

	or Other Than A	n Authorized	Committee			Office Use Onl	у
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typing, the lines.	type	12FE4M5		
American Health Care	Association Pol	itical Action	Committee	! 			
ADDRESS (number and street)	1201 L Street, NW						
Check if different than previously reported. (ACC)	Washington				DC	20005	]-[
2. FEC IDENTIFICATION NU	MBER ▼	CITY 🛦			STATE A	ZIP (	CODE A
C C00006080		3. IS THIS REPORT	X NEW	OR	AN (A)	MENDED	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1 July 15 Quarterly Report (Q2 October 15 Quarterly Report (Q3 January 31 Year-End Report (YE July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report	(c) 12-Day PRE-Elect Report for  (d) 30-Day	Mar 20 (M3) Apr 20 (M4) tion the:	Jun Jul 2 Primary (12P) Convention (12C)	20 (M5) 20 (M6) 20 (M7)	Sep	12S) in th State	
(TER)		Election on	M = M / D	D /	Y " Y " Y " Y	in th State	
5. Covering Period 01	01	2016	through	M M M	31	2016	
I certify that I have examined this  Type or Print Name of Treasurer	•	best of my know	vledge and belie	ef it is tru	ue, correct and	d complete.	
	obin Hillier	1	[Electronically Fil	ed] [	Date 02	/ D D D 18	2016
NOTE: Submission of false, errone	ous, or incomplete info	ormation may sub	bject the person	signing tl	nis Report to th	ne penalties of	2 U.S.C. §437g.
Office Use Only						FEC FC Rev. 1	

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

#### American Health Care Association Political Action Committee

Report Covering the Period: From: 01 01 2016 To: 01 31 2016

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1,  2016		170806.91
	(b) Cash on Hand at Beginning of Reporting Period	170806.91	
	(c) Total Receipts (from Line 19)	47150.50	47150.50
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	217957.41	217957.41
7.	Total Disbursements (from Line 31)	44003.73	44003.73
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	173953.68	173953.68
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### American Health Care Association Political Action Committee

I. Receipts	I. Receipts COLUMN A Total This Period				
Contributions (other than loans) From:					
(a) Individuals/Persons Other					
Than Political Committees		45007.50			
(i) Itemized (use Schedule A)	45637.50	45637.50			
(ii) Unitemized	, 1513.00	1513.00			
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	47150.50	47150.50			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees	0.00	0.00			
(such as PACs)	0.00	0.00			
(d) Total Contributions (add Lines					
11(a)(iii), (b), and (c)) (Carry	47450 50	4745050			
Totals to Line 33, page 5)▶	47150.50	47150.50			
. Transfers From Affiliated/Other					
Party Committees	0.00	0.00			
. All Loans Received	0.00	0.00			
_					
. Loan Repayments Received	0.00	0.00			
. Offsets To Operating Expenditures		7			
(Refunds, Rebates, etc.)					
(Carry Totals to Line 37, page 5)	0.00	0.00			
. Refunds of Contributions Made	9 9				
to Federal Candidates and Other					
Political Committees	0.00	0.00			
Other Federal Receipts	0.00	7			
(Dividends, Interest, etc.)	0.00	0.00			
. Transfers from Non-Federal and Levin Funds	0.00	0.00			
(a) Non-Federal Account					
(from Schedule H3)	0.00	0.00			
(IIOIII Scriedule 113)	0.00	0.00			
	0.00	0.00			
(b) Levin Funds (from Schedule H5)	0.00	0.00			
(c) Total Transfers (add 18(a) and 18(b))	0.00	2.22			
(c) Total Transfers (add To(a) and To(b))	0.00	0.00			
. Total Receipts (add Lines 11(d),					
12, 13, 14, 15, 16, 17, and 18(c))▶	47150.50	47150.50			
. Total Federal Receipts					
·	47150.50	47150.50			

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	Total This Period					
1.	Operating Expenditures:  (a) Allocated Federal/Non-Federal		Calendar Year-to-Date				
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00				
	(i) Tederal Offare						
	(ii) Non-Federal Share	0.00	0.00				
	(b) Other Federal Operating						
	Expenditures	811.36	811.36				
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	811.36	811.36				
	Transfers to Affiliated/Other Party	7 7					
	Committees	0.00	0.00				
	Contributions to Federal Candidates/Committees and Other Political Committees	43000.00	43000.00				
	Independent Expenditures						
	(use Schedule E)	0.00	0.00				
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00				
	(use Schedule F)	0.00	0.00				
	Loan Repayments Made	0.00	0.00				
	Loans Made	0.00	0.00				
	Refunds of Contributions To: (a) Individuals/Persons Other		400.07				
	Than Political Committees	192.37	192.37				
	(b) Political Party Committees	0.00	0.00				
	(c) Other Political Committees						
	(such as PACs)	0.00	0.00				
	(d) Total Contribution Refunds						
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	192.37	192.37				
	(add Lines 20(a), (b), and (c))						
	Other Disbursements	0.00	0.00				
	L.						
	Federal Election Activity (2 U.S.C. §431(20))						
	(a) Allocated Federal Election Activity						
	(from Schedule H6) (i) Federal Share	0.00	0.00				
	(i) i ederal offare						
	(ii) "Levin" Share	0.00	0.00				
	(b) Federal Election Activity Paid Entirely						
	With Federal Funds	0.00	0.00				
	(c) Total Federal Election Activity (add	0.00	0.00				
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00				
	Total Disbursements (add Lines 21(c), 22,						
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	44003.73	44003.73				
			7				
	Total Federal Disbursements						
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	11000 70	14000 70				
	from Line 31)	44003.73	44003.73				

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	47150.50	47150.50		
4. Total Contribution Refunds (from Line 28(d))	192.37	192.37		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46958.13	46958.13		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	811.36	811.36		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
3. Net Operating Expenditures (subtract Line 37 from Line 36)	811.36	811.36		

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NOMBE (check only one)

-(	FOR LINE NUMBER:			5 0 OF	43		
(check only one)							
[	<b>X</b> 11a	11b	11c	12			
	13	14	15	16	17		

	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Health Care Associ	ation Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Dirk Anjewierden  Mailing Address 2180 S 1300 E		Date of Receipt
Ste 445		01 27 2016
City	State Zip Code	Transaction ID : C3245083
Salt Lake City	UT 84106-4385	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	550.00
Name of Employer	Occupation	1
Utah Health Care Association	Executive Director	
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial)  3. Mark Berger		Date of Receipt
Mailing Address 521 Gleason St.		01 25 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C3242939
Brusly	LA 70719	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Louisiana Nursing Home Association	Occupation Reimbursement Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  C. Jennifer G. Brady		Date of Receipt
Mailing Address 103 Paired Oaks Lane		01 27 2016
City Wilmington	State Zip Code DE 19807	Transaction ID : C3249641  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Potter Anderson & Corroon LLP	Partner	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General  Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional).	<b></b>	1300.00
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

				PAGE	7	OF		43		
(check only one)										
	X	11a		11b		11c	12			
		13		14		15	16	,		17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial)  Harold Branton  Mailing Address 4452 Socastee Blvd		Date of Receipt
		01 27 2016
City Myrtle Reach	State Zip Code SC 29588-7206	Transaction ID : C3249564
Myrtle Beach	SC 29588-7206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Grand Strand Health Care	Administrator	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Richard Brockman		Date of Receipt
Mailing Address 420 N 20th Street Suite 3400	7. 6	01 28 2016
City	State Zip Code AL 35203	Transaction ID : C3249762
Birmingham  FEC ID number of contributing		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer Burr & Forman LLP	Occupation	
Receipt For:	Partner	-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial)  C. Douglas Burr		Date of Receipt
Mailing Address 11851 Wilde Run Court		01 04 2016
City Roswell	State Zip Code GA 30075	Transaction ID : C3222666
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer	Occupation	1
Health Care Navigator LLC	VP Finance, Reimb & Gov't Relations	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	375.00	
SUBTOTAL of Receipts This Page (optional)		3125.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: **PAGE** (check only one) X 11a 11b 11c

8 OF 43 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Scott Carlson Date of Receipt Mailing Address 994 Sharon Lane 2016 15 City State Zip Code Transaction ID: C3235414 CA Ventura 93001 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Self Employed Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Rita Chen Fujisawa Date of Receipt Mailing Address 2992 Audubon Circle 01 15 2016 City State Zip Code Transaction ID: C3235411 CA Davis 95618 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation CA Assn of Health Facilities Vice President/COO Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Norman Estes Date of Receipt Mailing Address 931 Fairfax Park 2016 01 27 City State Zip Code Transaction ID: C3249718 AL Tuscaloosa 35406-2805 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer Occupation President NHS Management Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 5500.00 SUBTOTAL of Receipts This Page (optional).....

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TOTAL This Period (last page this line number only).....

FOR LINE NUMBER. PAGE 9 OF Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)										
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	13		14		15		16	;		17

	Statements may not be sold or used by any person and address of any political committee to	
NAME OF COMMITTEE (In Full) American Health Care Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial)  Irene Fleshner  Mailing Address 1688 Floyd Street		Date of Receipt
	State 7ip Code	01 19 2016
City Sarasota	State Zip Code FL 34239	Transaction ID : C3236116  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer  Genesis HealthCare Corporation  Receipt For:	Occupation Nurse Executive	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Angie Fogg  Mailing Address 4500 SE International Way		Date of Receipt
Mailing Address 4560 SE International Way		01 05 2016
City Milwaukie	State Zip Code OR 97222	Transaction ID : C3223771  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer Self Employed	Occupation Therapist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial)  C. Phil Fogg		Data of Bassist
Mailing Address 4560 SE International Way		Date of Receipt  01 05 2016
City Milwaukie	State Zip Code OR 97222	Transaction ID : C3223770  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer	Occupation	
Marquis Companies	President/CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional)		10500.00
TOTAL This Period (last page this line numbe		

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) X 11a 11b 11c

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Debra Fournier Date of Receipt Mailing Address 44 Edgewood Rd 2016 28 City Zip Code State Transaction ID: C3249810 ME **Buxton** 04093-6525 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation COO Maine Veterans Homes Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. James H. Gomez Date of Receipt Mailing Address 2201 K St 01 05 2016 City State Zip Code Transaction ID: C3257436 CA Sacramento 95816-4922 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation CA Association of Health Facilities CEO/President Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gerald Hamilton Date of Receipt Mailing Address 6000 Whiteman Dr NW 01 04 2016 City Zip Code State Transaction ID: C3222758 NM Albuquerque 87120-2195 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation R&G Healthcare Management Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Deanna Hill Date of Receipt Mailing Address 6219 Eagle Ridge Dr 19 2016 City State Zip Code Transaction ID : C3236122 CA Riverbank 95367 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Administrator Generations Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeanne C. Jaeckels Date of Receipt Mailing Address 12120 24th Street 01 19 2016 City State Zip Code Transaction ID: C3236056 MN Clear Lake 55319 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Tealwood Senior Living Director of Development Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Elizabeth Johnson Date of Receipt Mailing Address 9403 Mill Brook Road 01 18 2016 City Zip Code State Transaction ID: C3235797 KY Louisville 40223 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation KY Assoc of Health Care Facilities President Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 800.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOF	R LINE	NU	IMBER	:	PAGE	•	12 OI	F	43
Use separate schedule(s)	(che	ck only	or or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		117

		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Statements may not be sold or used by any persibe name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Health Care Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Sonya Kemp  Mailing Address 438 North Water Avenue  City Gallatin  FEC ID number of contributing federal political committee.  Name of Employer Gallatin Health Care  Receipt For:  Primary General Other (specify)	State Zip Code TN 37066-2306  C  Occupation Administrator  Aggregate Year-to-Date ▼  1035.00	Date of Receipt  01 04 2016  Transaction ID: C3222669  Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial)  Harvey Koenig  Mailing Address 2271 Springtide Drive  City  Baton Rouge  FEC ID number of contributing federal political committee.  Name of Employer St. James Place Retirement Community  Receipt For:  Primary General Other (specify)	State Zip Code LA 70810  C  Occupation Administrator  Aggregate Year-to-Date ▼  500.00	Date of Receipt  O1 20 2016  Transaction ID : C3242157  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Evan Lansing Kolb  Mailing Address 2701 Marye Street  City Alexandria  FEC ID number of contributing federal political committee.  Name of Employer  Magnolia Management Corporation  Receipt For:  Primary General Other (specify)	State Zip Code LA 71301  C  Occupation Executive  Aggregate Year-to-Date ▼  265.00	Date of Receipt  O1 28 2016  Transaction ID: C3249819  Amount of Each Receipt this Period  265.00
SUBTOTAL of Receipts This Page (optional).	<u> </u>	1800.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) R. Peter Madel Jr. Date of Receipt Mailing Address 108 8th St NW 2016 City Zip Code State Transaction ID: C3242155 MN Waseca 56093-1912 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation CEO Lake Shore Inn Nursing Home Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ralph Mason Date of Receipt Mailing Address 1070 W Webb Rd 01 27 2016 City State Zip Code Transaction ID: C3249562 MI Dewitt 48820-8396 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Rosewood LLC Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Marcus Naguin Date of Receipt Mailing Address 1702 South Elm Street 2016 01 27 City State Zip Code Transaction ID: C3245085 LA Hammond 70403 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Hammond Nursing Home Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 14 OF (check only one) X 11a 11b 11c

43 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Donald Pelligrino Date of Receipt Mailing Address 7 McNab Ct 2016 27 City Zip Code State Transaction ID: C3249563 08807-2386 Bridgewater NJ Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation CEO/Owner Bridgeway Senior Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Terry Schmoyer Jr. Date of Receipt Mailing Address 1330 Lady St, Ste 507 01 28 2016 City State Zip Code Transaction ID: C3245103 SC Columbia 29201-3300 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Schmoyer & Company, LLC President Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Gerald Schroer Jr. Date of Receipt Mailing Address 339 East Maple Street 2016 01 27 Suite 100 City State Zip Code Transaction ID: C3249561 OH North Canton 44720 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 С federal political committee. Name of Employer Occupation President Absolute Health Services Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) 2550.00 SUBTOTAL of Receipts This Page (optional).....

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TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 15 OF 43 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Laurie D. Shepard Date of Receipt Mailing Address 6429 Earlington Ln 07 2016 City State Zip Code Transaction ID: C3228515 Lansing MI 48917 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Ingham Regional Assisted Living Managing Partner Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Robert Siebel Date of Receipt Mailing Address 13185 W. Green Mountain Drive 01 05 2016 City State Zip Code Transaction ID: C3257439 CO Lakewood 80228 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 federal political committee. Name of Employer Occupation Carriage Healthcare Companies, Inc. CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) c. David Stallard Date of Receipt Mailing Address 1305 West Causeway Approach, Ste 1 01 05 2016 City State Zip Code Transaction ID: C3257438 LA Mandeville 70471 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 С federal political committee. Name of Employer Occupation Louisiana Extended Care Centers, LLC Managing Member Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) 3000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Robert Van Dyk Date of Receipt Mailing Address 304 South Van Dien Avenue 2016 27 City State Zip Code Transaction ID: C3249559 Ridgewood NJ 07450-5200 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer Occupation President/CEO Van Dyk Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Bryan Wann Date of Receipt Mailing Address 6030 Arden Street 01 20 2016 City State Zip Code Transaction ID: C3242156 LA Shreveport 71106 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Cypress Point Nursing & Rehabilitation Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Frank Wronski Date of Receipt Mailing Address 1539 Lochridge 2016 01 07 Suite 100 City State Zip Code Transaction ID: C3228655 MI **Brighton** 48116 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation President Medilodge Group Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 6500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 17 OF 43 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Michael Wylie Date of Receipt Mailing Address 205 Fairview Road 2016 City Zip Code State Transaction ID: C3242154 PΑ Clarks Green 18411 Amount of Each Receipt this Period FEC ID number of contributing C 312.50 federal political committee. Name of Employer Occupation VP Development Genesis Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 312.50 Other (specify) Full Name (Last, First, Middle Initial) B. LAG Associates LP Managers Date of Receipt Mailing Address 8028 Ritchie Hwy Ste 210 01 22 2016 City State Zip Code Transaction ID: C3242158 MD Pasadena 21122-1075 Amount of Each Receipt this Period FEC ID number of contributing C 1250.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 1250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gary Attman Date of Receipt Mailing Address 8028 Ritchie Highway 01 22 2016 City Zip Code State Transaction ID: C3242159 MD Pasadena 21122-1069 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 С federal political committee. Name of Employer Occupation LAG Associates LP Managers Owner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 1250.00 Other (specify) 1562.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	and Statements may not be sold or used by any persong the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
/ American Health Care Asso 	ociation Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Stellar Health Properties LLC		Date of Receipt
Mailing Address 1301 NE 104th Street		01 27 2016
City	State Zip Code	7 2016 Transaction ID : C3249642
Miami Shores	FL 33138	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	PARTNERSHIPpartners below if itemized
Full Name (Last, First, Middle Initial)  3. Dion Sena		Date of Receipt
Mailing Address 1301 NE 104th Street		01 27 _2016 _
City	State Zip Code	Transaction ID : C3249643
Miami Shores	FL 33138	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Stellar Health Properties LLC	Occupation  Managing Member	
Receipt For:		-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	[MEMO ITEM] *
Full Name (Last, First, Middle Initial)  C. Wintonbury Care Center, LLC	· · · · · · · · · · · · · · · · · · ·	Date of Receipt
Mailing Address 341 Bidwell St		01 28 2016
City	State Zip Code	Transaction ID : C3249822
Manchester	CT 06040-6470	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  250.00	PARTNERSHIPpartners below if itemized
SUBTOTAL of Receipts This Page (option	al)	750.00
TOTAL This Period (last page this line number 1)	mber only)	

FOR LINE NUMBER: PAGE 19 OF 43 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Chris S. Wright Date of Receipt Mailing Address 341 Bidwell Street 2016 01 28 City State Zip Code Transaction ID: C3249823 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Wintonbury Realty, LLC Partner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Wintonbury Realty, LLC Date of Receipt Mailing Address 341 Bidwell Street 01 28 2016 City State Zip Code Transaction ID: C3249825 CT Manchester 06040 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Chris S. Wright Date of Receipt Mailing Address 341 Bidwell Street 01 28 2016 City State Zip Code Transaction ID: C3249826 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Partner Wintonbury Realty, LLC Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Westside Realty Investment, LLC Date of Receipt Mailing Address 341 Bidwell St 2016 01 28 City State Zip Code Transaction ID: C3249828 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Chris S. Wright Date of Receipt Mailing Address 341 Bidwell Street 01 28 2016 City State Zip Code Transaction ID: C3249847 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Wintonbury Realty, LLC Partner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) Westside Care Center, LLC Date of Receipt Mailing Address 341 Bidwell St 01 28 2016 City Zip Code State Transaction ID: C3249829 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 250.00 Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 

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for each category of the Detailed Summary Page	X 11a 11b	11c	12	
	13 14	<b>15</b>	16	717

	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full)  American Health Care Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Chris S. Wright  Mailing Address 341 Bidwell Street  City Manchester  FEC ID number of contributing federal political committee.  Name of Employer Wintonbury Realty, LLC	State Zip Code CT 06040-6470  C Occupation Partner	Date of Receipt  01 28 2016  Transaction ID : C3249848  Amount of Each Receipt this Period  250.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	[MEMO ITEM] *
Full Name (Last, First, Middle Initial)  Trinity Hill Realty, LLC  Mailing Address 341 Bidwell Street  City  Manchester  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code CT 06040  C Occupation	Date of Receipt  01 28 2016  Transaction ID: C3249831  Amount of Each Receipt this Period  250.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	PARTNERSHIPpartners below if itemized
Full Name (Last, First, Middle Initial) Chris S. Wright  Mailing Address 341 Bidwell Street  City Manchester  FEC ID number of contributing federal political committee.  Name of Employer Wintonbury Realty, LLC  Receipt For: Primary General Other (specify)	State Zip Code CT 06040-6470  C  Occupation Partner  Aggregate Year-to-Date ▼  5000.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	250.00
TOTAL This Period (last page this line number	er only)	

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Trinity Hill Care Center, LLC Date of Receipt Mailing Address 341 Bidwell St 2016 01 28 City Zip Code State Transaction ID: C3249832 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Chris S. Wright Date of Receipt Mailing Address 341 Bidwell Street 01 28 2016 City State Zip Code Transaction ID: C3249850 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Wintonbury Realty, LLC Partner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Meriden Realty Investments, LLC Date of Receipt Mailing Address 341 Bidwell St 01 28 2016 City State Zip Code Transaction ID: C3249833 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 250.00 Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 

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Detailed Summary Page	X	11a		11b		11c		12		
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	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full)		
American Health Care Associate	ation Political Action Committee	
Full Name (Last, First, Middle Initial)		1
Chris S. Wright		Date of Receipt
Mailing Address 341 Bidwell Street		M = M / D = D / Y = Y = Y
	0141	01 28 2016
City Manchester	State Zip Code CT 06040-6470	Transaction ID : C3249851
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Wintonbury Realty, LLC	Partner	
Receipt For:	Aggregate Year-to-Date ▼	[MEMO ITEM]
Primary General Other (specify) ▼	5000.00	-
VIET 27 ▼		
Full Name (Last, First, Middle Initial)		Date of December
Meriden Care Center, LLC  Mailing Address 341 Bidwell St		Date of Receipt
waming Addiess 341 Bidwell St		01 28 _2016 _
City	State Zip Code	Transaction ID : C3249834
Manchester	CT 06040-6470	Amount of Each Receipt this Period
FEC ID number of contributing	С	250.00
federal political committee.	<u> </u>	230.00
Name of Employer	Occupation	
Receipt For:	Annual Value Bridge	-
Primary General	Aggregate Year-to-Date ▼	PARTNERSHIPpartners below if itemized
Other (specify) ▼	250.00	pararolo bolow ii terrized
Full Name (Last, First, Middle Initial)		
Chris S. Wright		Date of Receipt
Mailing Address 341 Bidwell Street		01 28 2016
City	State Zip Code	Transaction ID : C3249852
Manchester	CT 06040-6470	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Wintonbury Realty, LLC	Partner	
Receipt For:	Aggregate Year-to-Date ▼	[МЕМО ІТЕМ]
Primary General Other (specify)	5000.00	*
□ Other (Specify) ▼	3500.00	
SUBTOTAL of Receipts This Page (optional).		250.00
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43 Use separate schedule(s) for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Kettle Brook Realty, LLC Date of Receipt Mailing Address 341 Bidwell Street 2016 28 City Zip Code State Transaction ID: C3249835 CT Manchester 06040 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Chris S. Wright Date of Receipt Mailing Address 341 Bidwell Street 01 28 2016 City State Zip Code Transaction ID: C3249853 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Wintonbury Realty, LLC Partner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kettle Brook Care Center, LLC Date of Receipt Mailing Address 341 Bidwell St 01 28 2016 City State Zip Code Transaction ID: C3249836 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 250.00 Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 25 OF 43 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Chris S. Wright Date of Receipt Mailing Address 341 Bidwell Street 2016 28 City State Zip Code Transaction ID: C3249854 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Wintonbury Realty, LLC Partner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Farmington Realty, LLC Date of Receipt Mailing Address 341 Bidwell St 01 28 2016 City State Zip Code Transaction ID: C3249837 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Chris S. Wright Date of Receipt Mailing Address 341 Bidwell Street 01 28 2016 City State Zip Code Transaction ID: C3249855 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Partner Wintonbury Realty, LLC Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 

### SCHEDULE A (FEC Form 3X) IT

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A or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Farmington Care Center, LLC Date of Receipt Mailing Address 341 Bidwell St 2016 28 City State Zip Code Transaction ID: C3249838 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Chris S. Wright Date of Receipt Mailing Address 341 Bidwell Street 01 28 2016 City State Zip Code Transaction ID: C3249856 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Wintonbury Realty, LLC Partner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Chestnut Point Realty, LLC Date of Receipt Mailing Address 341 Bidwell St 01 28 2016 City State Zip Code Transaction ID: C3249839 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 250.00 Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Chris S. Wright Date of Receipt Mailing Address 341 Bidwell Street 2016 28 City State Zip Code Transaction ID: C3249857 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Wintonbury Realty, LLC Partner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Chestnut Point Care Center, LLC Date of Receipt Mailing Address 341 Bidwell St 01 28 2016 City State Zip Code Transaction ID: C3249840 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Chris S. Wright Date of Receipt Mailing Address 341 Bidwell Street 01 28 2016 City State Zip Code Transaction ID: C3249858 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Partner Wintonbury Realty, LLC Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		117

Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any per he name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Hartford/Windsor Healthcare Proper	rties, LLC	Date of Receipt
Mailing Address 341 Bidwell Street		01 28 2016
City	State Zip Code	Transaction ID : C3249841
Manchester	CT 06040	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	PARTNERSHIPpartners below if itemized
Full Name (Last, First, Middle Initial)  Chris S. Wright	•	Date of Receipt
Mailing Address 341 Bidwell Street	70.0	01 28 2016
City	State Zip Code	Transaction ID : C3249859
Manchester	CT 06040-6470	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Wintonbury Realty, LLC	Occupation Partner	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	[MEMO ITEM] *
Full Name (Last, First, Middle Initial)  C. Chelsea Place Care Center, LLC		Date of Receipt
Mailing Address 341 Bidwell St		01 28 2016
City	State Zip Code	Transaction ID: C3249842
Manchester	CT 06040-6470	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	PARTNERSHIPpartners below if itemized
SUBTOTAL of Receipts This Page (optional).		500.00
TOTAL This Period (last page this line number	er only)	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Chris S. Wright Date of Receipt Mailing Address 341 Bidwell Street 2016 28 City State Zip Code Transaction ID: C3249860 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Wintonbury Realty, LLC Partner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. iCare Management LLC Date of Receipt Mailing Address 341 Bidwell St 01 28 2016 City State Zip Code Transaction ID: C3249843 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Chris S. Wright Date of Receipt Mailing Address 341 Bidwell Street 01 28 2016 City State Zip Code Transaction ID: C3249861 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Partner Wintonbury Realty, LLC Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Use separate schedule(s) for each category of the	(check only one)	
Detailed Summary Page	X   11a   11b	11c 12
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

		71	
$\rangle$	NAME OF COMMITTEE (In Full) American Health Care Association	on Political Action Committee	
١.	Full Name (Last, First, Middle Initial) Bidwell Realty, LLC Mailing Address 341 Bidwell St	Date of Receipt  01 28 2016	
	City Manchester	State Zip Code CT 06040-6470	Transaction ID : C3249844
	FEC ID number of contributing		Amount of Each Receipt this Period
	federal political committee.	Cocupation	250.00
	Name of Employer  Receipt For:	Occupation  Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	PARTNERSHIPpartners below if itemized
3.	Full Name (Last, First, Middle Initial) Chris S. Wright		Date of Receipt
	Mailing Address 341 Bidwell Street		01 28 2016
	City Manchester	State Zip Code CT 06040-6470	Transaction ID : C3249862
	FEC ID number of contributing	330.000.00	Amount of Each Receipt this Period
	federal political committee.	[C]	250.00
	Name of Employer Wintonbury Realty, LLC	Occupation Partner	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	[MEMO ITEM]
- :	Full Name (Last, First, Middle Initial) Bidwell Care Center, LLC		Date of Receipt
	Mailing Address 341 Bidwell St		01 28 2016
	City Manchester	State Zip Code CT 06040-6470	Transaction ID : C3249845  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
	Name of Employer	Occupation	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	DADTNEDOURD
	Other (specify)   General	250.00	PARTNERSHIPpartners below if itemized
s	UBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	500.00
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FOR LINE NUMBER: PAGE 31 OF 43 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Chris S. Wright Date of Receipt Mailing Address 341 Bidwell Street 2016 28 City State Zip Code Transaction ID: C3249863 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Wintonbury Realty, LLC Partner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. iCare Health Management, LLC Date of Receipt Mailing Address 341 Bidwell St 01 28 2016 City State Zip Code Transaction ID: C3249846 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Chris S. Wright Date of Receipt Mailing Address 341 Bidwell Street 01 28 2016 City State Zip Code Transaction ID: C3249864 CT Manchester 06040-6470 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Partner Wintonbury Realty, LLC Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 5000.00 Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 32 OF Use separate schedule(s) (check only one) X 11a 11b 11c

43

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) L & AM Lease LLC Date of Receipt Mailing Address 3800 W. Gifford Rd. 2016 29 City Zip Code State Transaction ID: C3249865 Bloomington IN 47403 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lee Merchant Date of Receipt Mailing Address 3800 West Gifford Rd. 01 29 2016 City State Zip Code Transaction ID: C3249866 IN Bloomington 47403 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation LJM Enterprises CEO & President Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... 45637.50 TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)					PAGE 3	33 OF	43
ITEMIZED DISBURSEMENTS	Use separate schedule( for each category of the	) (CITCON	only one)				
	Detailed Summary Page		21b 22 27 28a	23 28b		25 29	26 30b
Any information copied from such Reports and State	ments may not be sold or						
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NAME OF COMMITTEE (In Full)	_						
American Health Care Association	Political Action Co	ommittee					
Full Name (Last, First, Middle Initial)			5.				
A. American Express				of Disburseme			
Mailing Address PO Box 53773			01	06 06	201	6	
City	State Zip Code		Trans	saction ID : D	0170921		
Phoenix Purpose of Disbursement	AZ 85072-3773						
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Candidate Name		Category	,/			11160	
		Type		-	7	114.62	
Office Sought: House Disburse Senate	ment For:  Primary General						
President	Other (specify) ▼						
State: District:	• • • • •						
Full Name (Last, First, Middle Initial)							
B. American Express			Date of	of Disburseme	ent		
Mailing Address PO Box 53773			01	07	201	16	
City	State Zip Code						
Phoenix	AZ 85072-3773		Tran	saction ID : [	0170922		
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Phoenix Purpose of Disbursement	AZ 85072-3773	<u> </u>					
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	ment For:	,		,	7		
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE			34	34 OF 4	43				
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American Health Care Association	Political	Action Cor	nmittee	9								
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A. American Express					Date o							
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City	State	Zip Code			Trans	sactio	on ID	· D1	70925			
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B. American Express					Date o	of Dis	burse	men	t			
Mailing Address PO Box 53773					M M M	/	2:		/ Y	2016	Υ	
City Phoenix	State AZ	Zip Code 85072-3773			Trans	sacti	on ID	: D1	70926			
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Credit Card Processing Fees			L		Amoun	nt of E	Each	Disb	urseme	ent this	Perio	d
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C. American Express					M = M		D			ΥΙΥ	Υ	
Mailing Address PO Box 53773					01	_	25	_	L	2016	Ĺ	
City	State	Zip Code			Tron		ID	. D4	70020			
Phoenix	AZ	85072-3773			iran	sactio	טו חס	: มา	70928			
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President	Other (speci	ify) 🔻										
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SCHEDULE B (FEC Form 3X)	Harris I I I I I I	FOR LINE NUMBER: PAGE			35 C	)F 43	
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	, I (CITCON OI	(check only one)  X 21b 22 23 24			7.5	
	Detailed Summary Page	X 21 27		23 28b	24 28c	25 29	26 30b
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or for commercial purposes, other than using the na	ame and address of any polit	ical committee	to solicit co	ntributions fr	rom such o	committe	ee.
NAME OF COMMITTEE (In Full)  American Health Care Associatio	n Political Action Co	mmittee					
/	TI T OIRIGAI AGRIOTI GO						
Full Name (Last, First, Middle Initial)			Date o	f Disbursem	ent		
A. American Express			M M	/ D D		Y	Υ
Mailing Address PO Box 53773			01	27		2016	
City	State Zip Code		Tuene	antina ID . I	D470000		
Phoenix	AZ 85072-3773	I	Irans	saction ID : I	D170929		
Purpose of Disbursement Credit Card Processing Fees			Amoun	t of Each Di	isbursemer	nt this F	Period
Candidate Name		Category/					00
Office Cought	amount Fam	Туре		7	7	8	.00
Office Sought: House Disburs Senate	ement For:  Primary General						
President	Other (specify) ▼						
State: District:	_						
Full Name (Last, First, Middle Initial)			D.t.	( D'alassas			
B. American Express			Date o	f Disbursem		Y	V
Mailing Address PO Box 53773			01	29		2016	
City Phoenix	State         Zip Code           AZ         85072-3773		Trans	saction ID :	D170930		
Purpose of Disbursement Credit Card Processing Fees			Amoun	t of Each Di	isbursemer	nt this F	Period
Candidate Name		Category/				47	.00
		Туре		7	7	17	.60
Office Sought: House Disburs Senate	ement For:  Primary General						
President	Other (specify)						
State: District:							
Full Name (Last, First, Middle Initial)  C. BR&T Merchant Services			Date o	f Disbursem	ent		
C. BB&T Merchant Services			M M	/ D D		YY	Υ
Mailing Address PO Box 200			01	19		2016	
City	State Zip Code		Trans	saction ID :	D170919		
Wilson Purpose of Disbursement	NC 27894-0200			<b>-</b> -			
Credit Card Processing Fees			Amoun	t of Each Di	isbursemer	nt this F	Period
Candidate Name		Category/ Type				72	.46
Office Sought: House Disburs	ement For:	Туре	-		7		
Senate	Primary General						
President	Other (specify) ▼						
State: District:							
SUBTOTAL of Disbursements This Page (optional)						98.	.06
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SCHEDULE B (FEC Form 3X)		FOR LINE	PAGE 36 OF 43		
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	Detailed Summary Page	X 21b		23 24 25 26	
		27		28b 28c 29 30	
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NAME OF COMMITTEE (In Full)	is and address of any points	u. 001111111100 10			
American Health Care Association	Political Action Com	mittee			
/ / whomean meaning care / weed autom	T Gilliodi 7 Gilori Gori				
Full Name (Last, First, Middle Initial)			Data of Dist		
A. BB&T			Date of Disb		
Mailing Address 1099 New York Ave NW			01	21 2016	
Ste 100					
	State Zip Code		Transactio	on ID : D170920	
Washington Purpose of Disbursement	DC 20001-4452		Transastio		
Bank Fees			Amount of F	ach Disbursement this Period	
Candidate Name		Cotomomy	7 IIII GUIII G. L		
		Category/ Type		161.88	
Office Sought: House Disbursen	nent For:				
	Primary General				
	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)			Date of Disb	pursement	
•			M M /		
Mailing Address					
City	State Zip Code				
Purpose of Disbursement					
			Amount of E	Each Disbursement this Period	
Candidate Name		Category/			
		Type			
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	Primary General  Other (specify) ▼				
State: District:	Other (specify)				
Full Name (Last, First, Middle Initial)					
· · · · · · · · · · · · · · · · · · ·			Date of Disb	pursement	
			M M /	D D / Y Y Y Y Y	
Mailing Address					
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Oity	State Zip Code				
Purpose of Disbursement					
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Candidate Name		Category/			
Office Sought: House Disbursen	nent For:	Туре			
	Primary General				
	Other (specify)				
State: District:	• • • •				
SUBTOTAL of Disbursements This Page (optional)				161.88	
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TOTAL This Period (last page this line number only)				811.36	

SCHEDULE B (FEC Form 3X)	Han annuals orbitals (A	FOR LINE I	NUMBER:	PAGE 37 OF 43
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	21b 27	22 X 23 24 28a 28b 28	
Any information copied from such Reports and Stater	nents may not be sold or use			
or for commercial purposes, other than using the nan				
NAME OF COMMITTEE (In Full)				
American Health Care Association	Political Action Com	mittee		
Full Name (Last, First, Middle Initial)			Data of Dishurasmant	
A. BRIDGE PAC			Date of Disbursement	
Mailing Address 499 S Capitol St SW			01 19	2016
Ste 412				
•	State Zip Code DC 20003-4009		Transaction ID : D170	484
Washington Purpose of Disbursement	DC 20003-4009		-	
Contribution			Amount of Each Disburs	sement this Period
Candidate Name		Category/		5000.00
		Type		5000.00
Office Sought: House Disburser				
Senate   President	Primary General Other (specify) ▼			
State: District:	onior (opeony) ▼			
Full Name (Last, First, Middle Initial)				
B. LOBO PAC			Date of Disbursement	
			M = M / D = D /	Y = Y = Y
Mailing Address P.O. Box 492			01 27	2016
City Albuquerque	State Zip Code NM 87103		Transaction ID : D170	636
Purpose of Disbursement	0/103			
Contribution			Amount of Each Disburs	sement this Period
Candidate Name		Category/		5000.00
Office Cought	and Fam	Type		3000.00
Office Sought: House Disburser Senate	nent For:  Primary General			
President	Other (specify)			
State: District:	<b>₹</b>			
Full Name (Last, First, Middle Initial)				
C. MOVING AMERICA FORWARD			Date of Disbursement	
Mailing Address 474 Direktivat			M M / D D /	2016
Mailing Address 471 Birchington Lane			01 19	2016
City	State Zip Code		Transaction ID - D470	402
Melbourne	FL 32940		Transaction ID : D170	40∠
Purpose of Disbursement Contribution				
Candidate Name		البيا	Amount of Each Disburs	sement this Period
		Category/ Type		2000.00
Office Sought: House Disburser	nent For:	71 -		
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
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SCHEDULE B (FEC Form 3X)	Llea concrete cohedula(s)	FOR LINE I		43
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one)  22 X 23 24 25 28 28c 29	26 30b
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NAME OF COMMITTEE (In Full)  American Health Care Association	Political Action Com	mittee		
Full Name (Last, First, Middle Initial)  A. ORRINPAC			Date of Disbursement	
Mailing Address 175 S. WEST TEMPLE, SUITE 650	)		01 04 2016	
SALT LAKE CITY	State Zip Code UT 84101		Transaction ID: D170102	
Purpose of Disbursement Contribution Candidate Name			Amount of Each Disbursement this Period	od
Office Sought: House Disburser	ment For:	Category/ Type	2500.00	Ш
Senate President State: District:	Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial)  B. Pioneer PAC			Date of Disbursement	_
Mailing Address 1212 N Vernon St			01 19 2016	
City Arlington Purpose of Disbursement	State         Zip Code           VA         22201-4832		Transaction ID : D170481	
Contribution  Candidate Name	[	Catagony	Amount of Each Disbursement this Period	bd
Office Sought: House Disburser	nent For:	Category/ Type	5000.00	
Senate President District:	Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial)  C. ADRIAN SMITH FOR CONGRESS	3		Date of Disbursement	
Mailing Address 3321 AVENUE I SUITE 6			01 19 2016	
City SCOTTSBLUFF Purpose of Disbursement	State Zip Code NE 69361		Transaction ID: D170486	
Contribution  Candidate Name  Rep. ADRIAN SMITH	[	Category/ Type	Amount of Each Disbursement this Perio	od
Office Sought:    House   Disburser	nent For: 2016 Primary General Other (specify)			
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only)			9500.00	

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	27	28a 28b 28c 29	
Any information copied from such Reports and Statem				
or for commercial purposes, other than using the name	ne and address of any politi	cal committee to	solicit contributions from such committee	
NAME OF COMMITTEE (In Full)  American Health Care Association	Political Action Cor	mmittaa		
	1 Ollical Action Col			
Full Name (Last, First, Middle Initial)			Date of Disbursement	
A. ADRIAN SMITH FOR CONGRESS			Date of Dispulsement	
Mailing Address 3321 AVENUE I			01 18 2016	
SUITE 6	State Zin Code			
City S SCOTTSBLUFF	State Zip Code NE 69361		Transaction ID : D170480	
Purpose of Disbursement				
Voided Check - Orig Issued 8/31/2015			Amount of Each Disbursement this Per	
Candidate Name Rep. ADRIAN SMITH		Category/ Type	-2000.0	
•	nent For: 2016	Туре		
Senate	Primary General			
President	Other (specify) ▼			
State: NE District: 03  Full Name (Last, First, Middle Initial)				
B. PASCRELL FOR CONGRESS			Date of Disbursement	
			M = M / D = D / Y = Y = Y	
Mailing Address P.O. BOX 100			01 11 2016	
City	State Zip Code		: ID D44	
Teaneck	NJ 07666		Transaction ID: D170204	
Purpose of Disbursement Contribution			Amount of Each Disbursement this Pe	
Candidate Name		Cotogony	Amount of Each Dispursement this For	
HON. WILLIAM J. PASCRELL JR.		Category/ Type	2500.0	
	nent For: 2016			
	Primary General Other (specify) ▼			
State: NJ District: 09	Cirici (opcony)			
Full Name (Last, First, Middle Initial)				
C. FRIENDS FOR CHRIS STEWART	, INC.		Date of Disbursement	
Mailing Address 10 W BROADWAY			01 19 2016	
SUITE 500			Q. 10 12010	
•	State Zip Code		Transaction ID : D170483	
SALT LAKE CITY Purpose of Disbursement	UT 84101			
Contribution			Amount of Each Disbursement this Pe	
Candidate Name		Category/	2500.00	
Rep. Chris Stewart  Office Sought:  House Disbursen	nent For: 2016	Туре	2300.00	
	Primary General			
President	Other (specify) ▼			
State: UT District: 02	Convention			
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SCHEDULE B (FEC Form 3X)		FOR LINE I	GE 40 OF 43	
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or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
American Health Care Association	Political Action Com	mittee		
Full Name (Look First Middle Initial)				
Full Name (Last, First, Middle Initial)	INIC		Date of Disbursement	
A. FRIENDS FOR CHRIS STEWART	INC.			YYY
Mailing Address 10 W BROADWAY			01 19	2016
SUITE 500				
,	State Zip Code UT 84101		Transaction ID : D170489	)
SALT LAKE CITY Purpose of Disbursement	84101			
Contribution			Amount of Each Disbursem	nent this Period
Candidate Name		Category/		
Rep. Chris Stewart		Type		2500.00
	nent For: 2016			
	Primary General			
State: UT District: 02	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B. FRIENDS OF ERIK PAULSEN			Date of Disbursement	
			M M / D D / Y	YYY
Mailing Address P.O. Box 44369			01 19	2016
	state Zip Code		Transaction ID : D170485	5
Eden Prairie Purpose of Disbursement	MN 55344			
Contribution			Amount of Each Disbursem	nent this Period
Candidate Name		Category/		
Rep. Erik Paulsen		Type		2500.00
	nent For: 2016			
	Primary General			
President State: MN District: 03	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. GENE GREEN CONGRESSIONAL	CAMPAIGN		Date of Disbursement	
	. 07 7 01		M M / D D / Y	YYY
Mailing Address PO BOX 16128			01 19	2016
City	tata Zin Codo			
,	State Zip Code TX 77222		Transaction ID: D170488	3
Purpose of Disbursement	,,			
Contribution		!!	Amount of Each Disbursem	nent this Period
Candidate Name		Category/		4000.00
Rep. Gene Green  Office Sought:	ant Fam. 2012	Туре		4000.00
	nent For: 2016 Primary General			
President	Other (specify)			
State: TX District: 29	(-r )/ <b>▼</b>			
<u> </u>				
SUBTOTAL of Disbursements This Page (optional)		·····•		9000.00
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)					FOR LINE NUMBER: PAGE			F 43
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Any information copied from such Reports and Staten or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)		, ,						
American Health Care Association	Political A	Action Cor	nmittee					
	i ontioui i	1011011 001						
Full Name (Last, First, Middle Initial)								
A. GEORGE HOLDING FOR CONGR	RESS INC	<b>.</b>		Date of	Disbursem	ent		
Mailing Address PO BOX 97187				01	/ D D		2016	Y
Mailing Address PO BOX 97 107				Ų1	11	نسا ا	2010	
City	State	Zip Code		_				
RALEIGH	NC	27624		Irans	action ID : I	J170203		
Purpose of Disbursement Contribution								
				Amount	of Each Di	sburseme	nt this P	eriod
Candidate Name  Rep. George Holding			Category/				1000.	.00
Rep. George Holding  Office Sought:	nent For: 20	16	Туре		,	,		
	Primary	General						
President	Other (specif							
State: NC District: 13		•						
Full Name (Last, First, Middle Initial)								
B. RENEE ELLMERS FOR CONGRE	SS COM	MITTEE		Date of	Disbursem	ent		
				M = M	/ D D		Y	Υ
Mailing Address PO BOX 99567				01	27	نسا ا	2016	
City	State	Zip Code						
RALEIGH	NC	27624		Trans	action ID :	D170637		
Purpose of Disbursement								
Contribution			1 !!	Amount	of Each Di	sburseme	nt this P	'eriod
Candidate Name			Category/				2500.	00
Rep. Renee J. Ellmers			Туре		- 1	7	2000.	.00
	nent For: 20	16 General						
President	Primary Other (specify							
State: NC District: 02	Other (opcon	<b>y</b> ) ▼						
Full Name (Last, First, Middle Initial)								
C. PORTMAN FOR SENATE COMMI	TTFF			Date of	Disbursem	ent		
				M = M	/ D D	/ Y	YY	Υ
Mailing Address 9856 ARCHER LANE				01	27	نظ ا	2016	
City	Stata	7in Codo						
,		Zip Code 43017		Trans	action ID :	D170639		
Purpose of Disbursement		10017						
Contribution			1 ' '	Amount	of Each Di	sburseme	nt this P	eriod
Candidate Name			Category/	-			1000	20
Sen. Rob Portman			Туре				1000.	UU
	nent For: 20		7					
	Primary	∑ General						
State: OH District:	Other (specif	y) <b>▼</b>						
State: OH District:								
SURTOTAL of Dichurcomente This Bose (entional)							4500.0	00
SUBTOTAL of Disbursements This Page (optional)			<b>&gt;</b>	-	-1	-1		$\Rightarrow$
TOTAL This Period (last page this line number only)				1			_ =	_

SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 42 OF 43
ITEMIZED DISBURSEMENTS	Use separate schedule(s)		
TEMPLE DISSOCIATION IN THE PROPERTY OF THE PRO	for each category of the  Detailed Summary Page	21b	22 🗙 23 24 25 26
	Detailed Sulfilliary Fage	27	28a 28b 28c 29 30l
Any information copied from such Reports and Staten			
or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
American Health Care Association	Political Action Com	nmittee	
Full Name (Last, First, Middle Initial)		T	
TREASURE STATE PAC			Date of Disbursement
" INCASURE STATE PAU			M M / D D / Y Y Y
Mailing Address P.O. BOX 76187			01 27 2016
,	State Zip Code		Transaction ID : D170646
WASHINGTON	DC 20013		11anoacion 12 1 2 11 co 10
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name			, and an or Lacit biobardent this i ellou
		Category/ Type	5000.00
Office Sought: House Disburser	nent For:	.,,,,	
	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			
3.			Date of Disbursement
Mailing Address			M = M / D = D / Y = Y = Y
Mailing Address			
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	•		
Purpose of Disbursement			
Candidata Nama			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Sought: House Disbursen	nent For:	Туре	7
Senate Sought.	Primary General		
President	Other (specify)		
State: District:	•••		
Full Name (Last, First, Middle Initial)			
<b>.</b> .			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
City	State Zip Code		
,			
Purpose of Disbursement			
-			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Cought: House Bish	ant For	Туре	
Office Sought: House Disburser Senate	nent For:  Primary General		
President	Other (specify)		
State: District:	(opconj) \		
SUBTOTAL of Disbursements This Page (optional)			5000.00
TOTAL This Period (last page this line number only)			43000.00

SCHEDULE B (FEC Form 3X)		FOR LINE I	PAGE 43 OF 43	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	21b 27		23 24 25 26 28b 28c 29 30b
Any information copied from such Reports and Statem	nonte may not be cold as			
or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
American Health Care Association	Political Action Com	mittee		
Full Name (Last, First, Middle Initial)				
Mr. Clifton Porter			Date of Disb	ursement
			M M /	D D / Y Y Y Y Y
Mailing Address 3929 Azalea Court			01	27 2016
City	State Zip Code			
Maumee	OH 43537		Transactio	n ID : D170640
Purpose of Disbursement Refund			Amount of F	ach Dishursament this Davied
Candidate Name			Amount of E	ach Disbursement this Period
		Category/ Type		192.37
Office Sought: House Disbursen	nent For:			
	Primary General			
State: District:	Other (specify) ▼			
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Durage of Dishuragement				
Purpose of Disbursement			Amount of E	ach Disbursement this Period
Candidate Name		Category/		
		Type		
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	Primary ☐ General  Other (specify) ▼			
State: District:	Other (specify)			
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,	poor of Dissurbining			ach Disbursement this Period
Candidate Name Catego		Category/		
Office Sought: House Disbursen	pent For:	Туре		
	Primary General			
	Other (specify)			
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•				
SUBTOTAL of Disbursements This Page (optional)		·····•		192.37
				192.37
TOTAL This Period (last page this line number only).				132.31